

FILED FEB 10 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3156

|   |                        |  |  |   |  |  |  |
|---|------------------------|--|--|---|--|--|--|
| BIRTH NO. _____   |                        | REG. DIST. NO. 318   |  | PRIMARY REG. DIST. 1003   |  | Registrar's No. 925  |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____  |                        |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE Missouri b. COUNTY 2040   |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis  |                        |  |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis  |  |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 2016 Schaeffer Pl.  |                        |  |  | d. STREET ADDRESS (If rural, give location) 2016 Schaeffer Pl.  |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)  |                        | a. (First) NELLIE  |  | b. (Middle) WILLER..  |  | c. (Last) _____  |  |
| 4. DATE OF DEATH  |                        | (Month) Jan.   |  | (Day) 28  |  | (Year) 1950  |  |
| 5. SEX Female   | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed   |  | 8. DATE OF BIRTH Aug. 10, 1864  |  | 9. AGE (In years last birthday) 85                                 |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired   |                        | 10b. KIND OF BUSINESS OR INDUSTRY _____  |  | 11. BIRTHPLACE (State or foreign country) Florissant, Mo..  |  | 12. CITIZEN OF WHAT COUNTRY? U.S.                                  |  |
| 13a. FATHER'S NAME ? Washaw   |                        | 13b. MOTHER'S MAIDEN NAME Don't Know   |  | 14. NAME OF HUSBAND OR WIFE Edna Drennan Daughter   |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No  |                        | 16. SOCIAL SECURITY NO. None   |  | 17. INFORMANT'S SIGNATURE OR NAME Edna Drennan, 2016 Schaeffer Pl.  |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. |                        |  |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis<br>ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. Cancer Left Breast<br>INTERVAL BETWEEN ONSET AND DEATH 1 yr.<br>2 years |  |  |  |
| 19a. DATE OF OPERATION _____  |                        | 19b. MAJOR FINDINGS OF OPERATION _____   |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |  |  |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____  |                        | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____         |  | 21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) 170X  |  |  |  |
| 21d. TIME OF INJURY (Month) Jan. (Day) 27 (Year) 1950 (Hour) 5:40 P.M.  |                        | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR? _____  |  |  |  |
| 22. I hereby certify that I attended the deceased from Jan 24, 1949, to Jan 28, 1950, that I last saw the deceased alive on Jan 27, 1950, and that death occurred at 5:40 P.M., from the causes and on the date stated above.   |                        |  |  |   |  |  |  |
| 23a. SIGNATURE Foster A. Dell M.D.  |                        |  |  | 23b. ADDRESS 7346 Manchester Maplewood 17, Mo.  |  | 23c. DATE SIGNED 1-28-50   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial  |                        | 24b. DATE Jan. 31/50   |  | 24c. NAME OF CEMETERY OR CREMATORY Valhalla Cem.,   |  | 24d. LOCATION (City, town, or county) St. Louis, Mo. (State) _____ |  |
| DATE REC'D BY LOCAL REG. JAN 30 1950  |                        | REGISTRAR'S SIGNATURE J. B. Lasater  |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. W. Clark, 1125 Hodiament Ave.,  |  |  |  |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Foster A. Dill,  
7348 Manchester Ave.,  
Ht. 6630 1-4 P.M.

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### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed: .....

*Alfred J. Bredels*

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiament Ave.,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.